

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 JUN -1 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 908000102656

1. Entity Name

Zhanna Z., P.A.



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2. Principal Place of Business - No P.O. Box #

17890 W Dixie Hwy

Suite, Apt. #, etc.

407

3. Mailing Address

17890 W. Dixie Hwy

Suite, Apt. #, etc.

407

CR2E034B (1/11)

City & State

N. Miami Bch, FL

City & State

N. Miami Bch, FL

4. FEI Number

263806808

Applied For

Not Applicable

Zip

33160

Country

Zip

33160

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Zhanna Zitsbank

Street Address (P.O. Box Number is Not Acceptable)

17890 W Dixie Hwy, Ste # 407

City

N. Miami Bch

FL

Zip Code

33160

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

besttax1040@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

Zhanna Zitsbank

STREET ADDRESS

17890 W. Dixie Hwy. Ste # 407

CITY - ST - ZIP

N. Miami Bch, FL 33160

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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NAME

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.15, F.S.

SIGNATURE:

Zhanna Zitsbank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

800207203408  
05/04/11-0106-010 \*\*150.00

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5/19/11

(305)549-3873